



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY

ATTACHMENT - REGISTRATION PERMIT APPLICATION

NAME OF DAM		ID NUMBER
COUNTY		DATE
<div><input type="checkbox"/> ENGINEER CERTIFICATION</div> <p>I hereby certify that I have inspected the _____</p> <p>_____</p> <p>(NAME OF DAM)</p> <p>on _____ in accordance with the law.</p> <p>(DATE)</p> <div><input type="checkbox"/> ENGINEER CERTIFICATION</div> <p>I hereby certify that the owner of the _____</p> <p>_____</p> <p>(NAME OF DAM)</p> <p>has complied with my recommendations to correct observed defects as required by law.</p> <div><input type="checkbox"/> JUDGEMENT OF STABILITY</div> <p>At the time of my inspection, there were no observable indications that the dam was unsafe.</p>		
NAME OF FIRM		ENGINEER'S SEAL
REGISTERED ENGINEER	P.E. NUMBER	